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ABSTRACT

The use of crisis nursery care as a viable alternative for the consumer experiencing chronic and ongoing family crises calls for consideration of various programmatic and staffing issues. Combinations of family problems, including homelessness, substance abuse, incarceration, family violence, and chronic illness of a family member, may precipitate a need for the use of a crisis nursery. Developing effective programs requires: (1) service coordination skills in linking consumers to the community services they need, (2) allowance for frequent and varied child visitation at the nursery, and (3) individual and/or group counseling for the parents. Crisis nursery care is a viable support for parents in the Child Protective Services (CPS) system if the roles of the nursery staff and the state/county agency are clear. Children placed voluntarily in the crisis nursery program by their parents and children referred by the CPS agency can be effectively integrated in the same program. Crisis nursery care for consumers who may repeatedly need to use the program's services differs from basic prevention services since the families' problems are more intense and complex, children have been subjected to unstable home situations for longer periods of time, and the families require more intensive program services. (JDD)

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Crisis Nursery Services: *Responding to Ongoing Family Crises*

Background

Crisis nursery services traditionally have been offered as a prevention service with the goal of providing short-term care for children while parents resolve situational family problems. However, crisis nursery care may also be a viable alternative for the consumer experiencing chronic and ongoing family crises. In this situation, various programmatic and staffing issues must be considered in order to make the crisis nursery service relevant to the various needs of these families.

Understanding the Family

At certain times in the lives of families, there may be a need for the planned use of a crisis nursery. Those times may be precipitated by a *combination* of the following problems:

- homelessness;
- drug or alcohol abuse and/or recovery issues;
- unemployment;
- incarceration;
- Insufficient family income;
- marital problems, including family violence;
- psychological or coping problems being experienced by the parent(s); or
- lengthy, chronic or terminal illness, or permanent disability, of a family member.

If a family did not receive sufficient help at the beginning of their difficulties, the nature and number of those problems may have produced a pattern of instability in the family. Such instability can cause even greater problems or impair the capacity of the parent(s) to cope. The family may have become reliant upon community social service systems. Parents in these types of situations often use the crisis nursery services repeatedly due to a different problem or recurrence of the same set of problems.

The children of parents who use the crisis nursery on a repeated basis may also have become accustomed to long-term family problems such as cramped living quarters, lack of food, frequent moves (including poor school attendance and/or short stays at several different elementary schools), and an overall lack of structure in their lives.

They may have common medical problems (e.g., chronic eye and ear infections, incomplete or no immunizations, frequent colds and sore throat, infestations of lice or nits) because the parents were unable to access health care. Many of these children fall below the fifth percentile for height and weight for their age group.

Programmatic and Staffing Considerations

Crisis nursery programs must include a well-defined programmatic structure to create a sense of stability, predictability, and security in the lives of the infants and children affected by family instability. Meal times, school or pre-school, play activities, family visitation, and sleep schedules should be predictable. The children will benefit from learning basic hygiene skills, table manners (some children have never eaten communally as a family), and interpersonal relationship skills.

Developing effective programs to work closely with families who repeatedly access the crisis nursery involves three key elements:

1. Service coordination skills are imperative in linking the consumers to the community services they may need. Social services or child care staff who work with the parents must have a good knowledge of the community and the resources available, such as,
   - child welfare (Aid to Famlies with Dependent Children, food stamps, Women Infants and Children, emergency assistance, energy assistance, etc.);
   - clinics and hospitals that provide free medical care or Medicaid services;
   - immunization clinics;
   - subsidized or low income housing;

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- local transportation systems;
- counseling programs available at no cost or a minimal sliding scale;
- food banks;
- alcohol or substance abuse programs;
- domestic violence shelters;
- employment offices; and
- other services.

Parents must remain responsible both for decision making regarding their needs and for following through on the agreed upon plan.

2. The nursery should allow for frequent and varied child visitation that will accommodate the needs of the parent, encourage the maintenance of the parental relationship, and preserve the integrity of the family. The program cannot be seen as assuming responsibility for the child(ren), or as a baby sitting service. Visitation should be structured, and, if possible, provide time for the parent and child(ren) to play, talk, and just be together. Staff can model effective parenting skills during visitation, encourage developmentally appropriate play activities and learning skills, and guide parent-child interaction.
3. Crisis nursery programs should include some type of individual and/or group counseling for the parents, focusing on concrete, everyday issues that will help parents keep their families intact. Such topics for discussion include: child development; toilet training; basic nutrition; grocery shopping and preparation of nutritional meals; childhood illnesses and how to handle them; basic money management; check writing; use of thrift stores and low cost food marts; public transportation routes; and, generally, how to resolve interpersonal/marital conflicts without escalating the situation. It is helpful to structure sessions around a meal for parents and to offer child care.

Relationship to State/County Child Protective Services

Because of the ongoing nature of the problems some families may be facing, they may already be involved with Child Protective Services (CPS). Crisis nursery care is a viable support for parents in the CPS system if the roles of the nursery staff and the state/county agency are clear. Where the need for ongoing problem solving by the parent(s) is evident, a crisis nursery can provide care which supports the preservation of the family. Occasionally, CPS will refuse parent visitation due to the nature of the allegation. In these cases, the crisis nursery must carry out the plans and have building security and screening of visitors at the nursery entrance.

Ongoing care may be provided free of charge, or the crisis nursery can contract with the state/county agency to provide short-term care for infants or children referred by the CPS agency. This relationship does not compromise the crisis nursery as long as roles and services to be provided by both parties are clearly defined in the contract.

Children placed voluntarily in the crisis nursery program by their parents, and children referred by the child protective service agency, can be effectively integrated in the same program as long as the crisis nursery is clear about accepting only those cases for which they are staffed and trained.

It is sometimes necessary for crisis nursery staff to make a referral to Child Protective Services regarding a family voluntarily using the program. The crisis nursery may have reason to believe the child has been physically or sexually abused, or be the victim of extreme neglect. In these circumstances, **referral is mandatory**. Full disclosure of the program's responsibility to report suspected abuse and neglect should be explained to parents when they request the services of the program.

Summary

Crisis nursery care for consumers who may repeatedly need to use the program's services differs from basic prevention services since the families' problems are more intense and complex; children have been subjected to unstable home situations for longer periods of time; and the families require more intensive program services. However, working with families over a period of time, or during individual visits, can result in their becoming increasingly independent and capable of maintaining family stability.

About the author: Jeanne Landdeck-Sisco, MSW, *is the Executive Director of Casa de los Niños, the first crisis nursery in the country. It is located in Tucson, Arizona, and celebrates its twentieth anniversary in 1993. Jeanne is the Chairperson of the ARCH National Advisory Committee.*

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